

REC'D FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

1402

362

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7026 College  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: Over 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Lena Groll

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Wm. Carl Groll 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 10 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 14 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Munich Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name No Record  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name No Record  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl F. Groll

(b) Address 7026 College

17. (a) Burial (b) Date thereof Jan 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner

(b) Address K.C. Mo.

19. (a) Jan 25 1941 (b) M. M. Crome  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7026 College  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1941 hour 7 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from 1935 to JAN 24, 1941;  
that I last saw CR alive on JAN 23 41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCULSION  
95C

Due to \_\_\_\_\_

Due to CARDIAL DEGENERATION  
WITH AURICULAR FIBRILLATION

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. C. Luntz (M. D. or other) M. D.  
Address 6444 E. 11th Date signed 1-26-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*A. R. Hunschild*

Licensed Embalmer No.

*4159*

P. O. Address

*T. C. MO*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**